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## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's LimoJewell Thompson DBA Lean On Me Consulting  
LLCBEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

DOCKET  
NUMBER: 2018 - 201 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Jewell Thompson

Telephone: 803-547-2527

Address: 150 BW Thomas Dr Suite 124

Fax: 803-547-2529

Fort Mill, SC 29708

Other: 704-819-0464

Email: lomconsultingllc@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted☐ Request for Name Change on Certificate☐ Application - Class C Taxi☐ Request to Amend Scope of Authority☐ Application - Class C Charter☐ Request to Amend Tariff (rate increase, etc.)☐ Application - Class C Charter Bus☐ Request to Amend Passenger Limit☒ Application - Class C Non-Emergency☐ Request☐ Application - Class C Stretcher Van☐ Exhibit☐ Application - Class F Household Goods☐ Late-Filed Exhibit☐ Application - Class E Hazardous Waste☐ Letter☐ Application☐ Proposed Order☐ Request for Extension to Comply with Order☐ Publisher's Affidavit☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Reservation Letter☐ Request for Cancellation of Certificate☐ Response☐ Request for Suspension☐ Return to Petition☐ Request for Reinstatement☐ Other: \_\_\_\_\_

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

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**PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA**  
 101 Executive Center Drive, Suite 100  
 Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
 OPERATION OF MOTOR VEHICLE CARRIER**

**CLASS C - NON-EMERGENCY**Date: 06/13/2018

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Lean On Me Consulting LLC  
 Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

150 BW Thomas Drive Suite 124 Fort Mill, SC 29708  
 Street Address of Applicant

7209J East WT Harris Blvd Suite 257 Charlotte, NC 28227  
 Mailing Address of Applicant (if different from street address)

803-547-2527 803-547-2529  
 Phone Fax

lomconsultingllc@gmail.com  
 Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship
- ☐ Partnership - List names and address of all person having an interest in the business.
- ☐ Corporation - List names and addresses of two principal officers.

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Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	0	Mortgage/Loan on Real Estate	0
Value of Motor Vehicles	12000	Loans Owed on Motor Vehicles	0
Cash on Hand	0	Business/Other Loans Owed	0
Cash in Bank	0	Other Liabilities or Debts	0
Value of Other Assets and Equipment	0	Total Liabilities	0
Total Assets	\$12,000		

### INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

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## PROPOSED RATES AND CHARGES FOR SERVICE

### Proposed Rates and Charges:

Non Medical transportation Ambulatory (sedan)  
Pick up rate \$45.00 and \$2.50 per mile

\$15.00 every 15 minutes wait time

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.  
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

<input type="checkbox"/> Abbeville	<input type="checkbox"/> Cherokee	<input type="checkbox"/> Florence	<input type="checkbox"/> Lee	<input type="checkbox"/> Saluda
<input type="checkbox"/> Aiken	<input checked="" type="checkbox"/> Chester	<input type="checkbox"/> Georgetown	<input type="checkbox"/> Lexington	<input type="checkbox"/> Spartanburg
<input type="checkbox"/> Allendale	<input checked="" type="checkbox"/> Chesterfield	<input type="checkbox"/> Greenville	<input type="checkbox"/> Marion	<input type="checkbox"/> Sumter
<input type="checkbox"/> Anderson	<input type="checkbox"/> Clarendon	<input type="checkbox"/> Greenwood	<input type="checkbox"/> Marlboro	<input checked="" type="checkbox"/> Union
<input type="checkbox"/> Bamberg	<input type="checkbox"/> Colleton	<input type="checkbox"/> Hampton	<input type="checkbox"/> McCormick	<input type="checkbox"/> Williamsburg
<input type="checkbox"/> Barnwell	<input type="checkbox"/> Darlington	<input type="checkbox"/> Horry	<input type="checkbox"/> Newberry	<input checked="" type="checkbox"/> York
<input type="checkbox"/> Beaufort	<input type="checkbox"/> Dillon	<input type="checkbox"/> Jasper	<input type="checkbox"/> Oconee	
<input type="checkbox"/> Berkeley	<input type="checkbox"/> Dorchester	<input type="checkbox"/> Kershaw	<input type="checkbox"/> Orangeburg	<input type="checkbox"/> Statewide
<input type="checkbox"/> Calhoun	<input type="checkbox"/> Edgefield	<input checked="" type="checkbox"/> Lancaster	<input type="checkbox"/> Pickens	
<input type="checkbox"/> Charleston	<input type="checkbox"/> Fairfield	<input type="checkbox"/> Laurens	<input type="checkbox"/> Richland	

## DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

☒ 1-7 Passengers, including driver

☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT
2006	lexus es330	JTHBA30G 165156689		

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## INSURANCE QUOTE

**This form MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Jewell Thompson

Name of Applicant

3945 Sheffield Dr Charlotte, NC 28205

Address of Applicant

**Amount of Premium:**

Liability Insurance \$ 1,000,000

The above quoted premium is for a term of 12 months.

**Minimum Limits** - Bodily injury and property damage limits will not be less than the following:

**Limits Quoted**

Liability Combined Each Occurance	\$ 1,000,000	1,000,000
Medical Payments per Person	\$ 1,000	5,000

Sovereign Risk Solutions, LLC

Name of Insurance Company

1640 Powers Ferry Rd SE Marietta, GA 30067

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

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**Exhibit Fit, Willing, and Able (FWA)**

Jewell Thompson

Name

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

**Exhibit on Driver Qualifications**

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of of business within South Carolina.

☒ Yes☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No



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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE, SUITE 100  
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

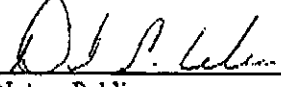
  
Applicant's Signature

Owner/ CEO

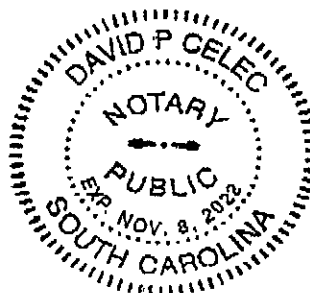
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )  
COUNTY OF York )

SWORN TO BEFORE ME  
This 13 day of JUNE, 2018

  
Notary Public

Commission Expires 11/08/2022



Print Application

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Gmail - Lean On Me Consulting & Concierge, LLC -- Enclosed Quotes



Jewell Thompson <lomconsultingllc@gmail.com>

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## Lean On Me Consulting & Concierge, LLC -- Enclosed Quotes

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Gena Smith <GSmith@sowisk.com>

Wed, Jun 13, 2018 at 10:45 AM

To: Jewell Thompson <lomconsultingllc@gmail.com>

Good Morning,

Hope you are doing well. Thank you so much for your patience! We have received your auto and general liability quote. Please see below:

### Quote is contingent upon:

- Favorable current MVRs (driving records)
- Favorable current loss runs, if applicable

### Commercial Auto -- 2 Units

Liability Limit - \$1,000,000 (symbols 2, 8, 9)

Uninsured/Underinsured Motorist - \$100,000

Medical Payments - \$5,000/person

Comprehensive & Collision \$1000 **ON THE LEXUS ONLY**

**Annual Auto Premium - \$8259.00**

### General Liability

Liability Limit - \$1,000,000 per occurrence w/ a \$2,000,000 aggregate

Sexual and Physical Abuse - \$1,000,000

**Annual GL Premium - \$1,169.00**

**Total Annual Premium = \$9428.00**

Financing is available for the annual premium:

\$1985.00 down and 10 monthly installments of \$792.01

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Gmail - Lean On Me Consulting &amp; Concierge, LLC -- Enclosed Quotes

If you would like to purchase this coverage, please just let us know what date you would like to make the policy effective and we will put your proposal together. Attached are the instructions for initiating a wire transfer for the down payment. Thank you for the opportunity to rate this coverage for your company. I do appreciate your continued patience and look forward to hearing from you soon. Have a great day!

**Gena Smith****Sovereign Risk Solutions, LLC**

Governor's Ridge, Building 28

1640 Powers Ferry Road SE

Marietta, Georgia 30067

678-996-3436 Direct

866-455-5413 Toll Free

762-435-7290 Fax



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**From:** Jewell Thompson <lomconsultingllc@gmail.com>**Sent:** Tuesday, May 29, 2018 10:23 AM**To:** Gena Smith <GSmith@sovrisk.com>**Subject:** Re: Requested Information for Quote

Good Morning.

I have attached the paperwork sent over and a copy of the driver's record for my driver.

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

LEAN ON ME CONSULTING LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on October 23rd, 2015, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed a certificate of cancellation as of the date hereof.

Given under my Hand and the Great Seal of the  
State of South Carolina this 22nd day of  
October, 2015

*Mark Hammond*

Mark Hammond, Secretary of State

License No. 11056  
Account No.  
Rate Class: 3



**ROCK HILL**  
SOUTH CAROLINA

*Alwayson*

This Must be Displayed in a Conspicuous Place.

**BUSINESS AND PROFESSIONAL LICENSE**

**THIS LICENSE EXPIRES DECEMBER 31, 2018**

NOTIFY THIS OFFICE OF ANY CHANGE IN LOCATION OR OWNERSHIP

Case Management Consulting  
Business Type

*Cinnamon Hairston*

Authorized Signature

**LEAN ON ME CONSULTING**

Physical Location:  
115 OAKLAND AV SUITE 104  
ROCK HILL, SC 29730-0

Mailing Address:  
729-J E W. T. HARRIS BLVD SUITE 257  
CHARLOTTE, NC 28227

THE ABOVE NAMED CONCERN HAS BEEN LICENSED TO DO BUSINESS IN ROCK HILL, SUBJECT TO PROVISIONS OF ALL CITY ORDINANCES